

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1											
2							51					
3							52					
4							53					
5							54					
6							55					
7							56					
8							57					
9							58					
10							59					
11							60					
12							61					
13							62					
14							63					
15							64					
16							65					
17							66					
18							67					
19							68					
20							69					
21							70					
22							71					
23							72					
24							73					
25							74					
26							75					
27							76					
28							77					
29							78					
30							79					
31							80					
32							81					
33							82					
34							83					
35							84					
36							85					
37							86					
38							87					
39							88					
40							89					
41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.							100					
TOTAL DEP.							TOTAL IND.					
TOTAL CLAIMS							TOTAL DEP.					